

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

308

85

1. PLACE OF DEATH

County Buchanan

Registration District No. _____

Township _____

Primary Registration District No. 1001

City St. Joseph, Mo.

Registered No. _____

File No. _____

Registered No. 68

Ward _____

2. FULL NAME

Opal Marine Breit

(a) Residence No. 12309 No. 7th St., _____

Ward. 220

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 21, 1926

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

2

6

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Joseph, Missouri

(STATE OR COUNTRY)

10. NAME OF FATHER

Sherman Breit

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Savannah, Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Maude Mahan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Oregon, Missouri

(STATE OR COUNTRY)

14. INFORMANT

Sherman Breit

(Address)

2309 North 7th

15. FILED

1929

John G. [Signature]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

January 15, 1929

17.

I HEREBY CERTIFY, That I attended deceased from

Sept 25, 1928, to Jan 15, 1929

that I last saw h. a. alive on Jan 14, 1929, and that death occurred, on the date stated above, at 2:00 a.m. 1214

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Breacher - pneumonia contracted while consuming beer & that other for apparently alcohol & that bottles

(duration) _____ yrs. _____ mos. 7 ds.

CONTRIBUTORY (SECONDARY)

abdominal distress & heart failure follow after for physician & attendant

(duration) _____ yrs. 9 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 29 - 28

WAS THERE AN AUTOPSY? no

WHAT TESTS CONFIRMED DIAGNOSIS?

(Signed) H. K. Waller, M. D.

15, 1929 (Address) 3014 St Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Filmore, Missouri

Jan 17, 1929

20. UNDERTAKER

ADDRESS

Sherman Funeral Home

1208 Francis

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

21 1929
11 6 9

